Mail	DAILY MEAL COUNT FORM			
This image	Site Name:	Meal Type (circle): B L SN SU		
This is the continue of the	Address:	Telephone:		
First Neal Servet to Children (Controlled Not	Supervisor's Name: Delivery Time: Date:			
1	Meals received/prepared + Meals available from	om previous day = (Total meals available)	[1]	
22	First Meals Served to Children (cross off number as each	child receives a meal):		
41	1 2 3 4 5 6 7 8 9 10 11	12 13 14 15 16 17 18 19 20		
A	21 22 23 24 25 26 27 28 29 30	31 32 33 34 35 36 37 38 39 40		
Real	41 42 43 44 45 46 47 48 49 50	51 52 53 54 55 56 57 58 59 60		
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150	61 62 63 64 65 66 67 68 69 70	71 72 73 74 75 76 77 78 79 80		
12 12 12 12 12 12 12 12	81 82 83 84 85 86 87 88 89 90	91 92 93 94 95 96 97 98 99 100		
141	101 102 103 104 105 106 107 108 109 110	111 112 113 114 115 116 117 118 119 120		
Second meals served to children: 1	121 122 123 124 125 126 127 128 129 130	131 132 133 134 135 136 137 138 139 140		
Total Second Meals Total Program Adult Meals Potal Program Program Program Program Program Program Program Program	141 142 143 144 145 146 147 148 149 150	Total First Meals +	[2]	
Meals served to Program adults: [4]	Second meals served to children:			
Total Program Adult Meals +	1 2 3 4 5 6 7 8 9 10	Total Second Meals +	[3]	
Meals served to non-Program adults: 1	Meals served to Program adults:			
Total non-Program Adult Meals + [5]	1 2 3 4 5 6 7 8 9 10	Total Program Adult Meals +	[4]	
Total damaged/incomplete/other non-reimbursable meals + [7] Total leftover meals + [8] Total of items: [6]	Meals served to non-Program adults:			
Total damaged/incomplete/other non-reimbursable meals + [7] Total leftover meals + [8] Total leftover meals + [8] Total of items: [6]	1 2 3 4 5 6 7 8 9 10	Total non-Program Adult Meals +	[5]	
Total leftover meals + [8] Total of items: [6] + [7] + [8] = [9] (Item [9] should be equal to item [1])		TOTAL MEALS SERVED =	[6]	
Total of items: [6] .+ [7] + [8] .= [9] (Item [9] should be equal to item [1]) Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Total damaged/in	complete/other non-reimbursable meals +	[7]	
(Item [9] should be equal to item [1]) Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		Total leftover meals +	[8]	
Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		Total of items: [6] _ + [7] + [8] _ =	[9]	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	(Item [9] should be equal to item [1])			
By signing below, I certify that the above information is true and accurate:	1 2 3 4 5 6 7 8 9 10 11 12 13	14 15		
	By signing below, I certify that the above information is t	rue and accurate:		
Signature Date	Signature	Date	-	